

Office Use Only: Permit # _____
Date Filed: _____ Initials _____

Review Fee: \$75.00 Receipt #: _____



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT
Building and Code Regulations Division
2300 Virginia Ave
Fort Pierce, FL 34951
772-462-1553

APPLICATION FOR ZONING COMPLIANCE – USE PERMIT

Name of Business: _____

Address of Business: _____ City: _____ FL Zip: _____

Type and description of business:

Name of Shopping Center, if applicable: _____

Name of Applicant: _____

Mailing Address: _____

Business Phone: _____

Property Tax ID #: (Available from the Property Appraiser's Office) _____ - _____ - _____ - _____ / _____

I understand it is my responsibility to contact the Fire Department prior to the issuance of the Zoning Compliance.

Applicant's Signature

Date

Please Print Name

OFFICE USE ONLY

Zoning: _____ Land Use: _____ SIC Code: _____ Date Verified: _____

Type of previous business at this location: _____

Change of Occupancy? Yes _____ No: _____

If yes, it is recommended the applicant meet with the Building Official to determine if any modifications to the interior of the business are necessary per the Fla. Building Code.

Landscaping Required: Yes ____ No: ____ Handicap Parking: Yes ____ No: ____ Fire Dept.: Yes ____ No: ____

Zoning Compliance Staff

Date